

**FEC FORM 3L****REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS  
AND LOBBYIST/REGISTRANT PACs**RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5 13 MAR -1 PM 3:13

Deb Fischer for US Senate

ADDRESS (number and street)

5555 South St, Ste. 200



Check if different than previously reported. (ACC)

Lincoln

CITY

NE

STATE

68506

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00498907

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. STATE DISTRICT

 

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE) and/or Semi-annual Report☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7) and/or Semi-annual Report☐ Oct 20 (M10)☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Special (12S)☐ Convention (12C)

Election on

in the State of

This report also covers the semi-annual period

See Line 6(b)

(d) 30-Day POST-Election Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the State of

This report also covers the semi-annual period

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers

through

and/or

January 1 - June 30

☒

July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

10.00

63873.86

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert B. Evnen

Signature of Treasurer

Robert B. Evnen

Date

02

26

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3L**

02/2009

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